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SEP 25 2006

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21186

7590

07/13/2006

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
 P.O. BOX 2938
 MINNEAPOLIS, MN 55402

09/26/2006 EAREGAY2 00000004 09939447

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Lynnea M. Fedak (Depositor's name)
 [Signature] (Signature)
 September 21, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/939,447	08/24/2001	Monty Sharma	112024-0085	3647

TITLE OF INVENTION: SYSTEM AND METHOD FOR PROVIDING QUALITY OF SERVICE OPERATIONS USING IP ADDRESSES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	10/13/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGO, NGUYEN HOANG	2616	370-392000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Schwegman, Lundberg,
 2 Woessner & Kluth, P.A.
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Novell, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Provo, Utah

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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- ☒ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Joseph P Mehrl
 Joseph P Mehrl

Date

09/21/06

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45,535

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Monty Sharma et al.

Title: SYSTEM AND METHOD FOR PROVIDING QUALITY OF SERVICE OPERATIONS USING IP ADDRESSES

Docket No.: 1565.030US1

Filed: August 24, 2001

Examiner: Nguyen Ngo

Customer No.: 21186

Serial No.: 09/939,447

Due Date: October 13, 2006

Group Art Unit: 2616

Confirmation No.: 3647

Commissioner for Patents

Attn: MAIL STOP ISSUE FEE

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Alexandria, VA 22313-1450

Notice of Allowance Date:

July 13, 2006

We are transmitting herewith the attached:

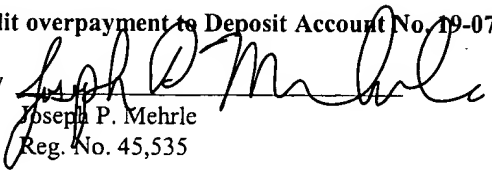
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- ☒ Issue Fee Transmittal (Form PTOL-85)(1 pg).
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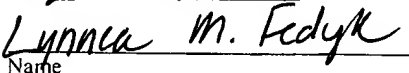
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By


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Name


Lynnea M. Fedyk

Signature

